

CLAIMS ONLY						Application Number <i>10/900833</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51
2	/						52
3	/						53
4	/						54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	<i>3</i>						Total Indep
Total Depend	<i>27</i>						Total Depend
Total Claims	<i>32</i>						Total Claims